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2004 MAR 16 AM 10:44  
J. BRYAN CORPORATION  
TALLAHASSEE, FLORIDA

W04-7208

J. BRYAN FEB 19 2004

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 19, 2004

MICHAEL D. HARTIGAN, PRESIDENT  
ORAL FACIAL CONSULTING-I, LLC  
507 OLEANDER DRIVE  
HALLANDALE, FL 33009

SUBJECT: ORAL FACIAL CONSULTING-I, LLC  
Ref. Number: W04000007208

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ORAL FACIAL CONSULTING-I, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

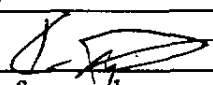
Joey Bryan  
Document Specialist

Letter Number: 304A00011463

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ORAL FACIAL CONSULTING-I, LLC  
(Name of foreign limited liability company)
2. WYOMING  
(Jurisdiction under the law of which foreign limited liability  
company is organized)
3. 04-3729113  
(FEI number, if applicable)
4. DECEMBER 19, 2002  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to  
exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 507 OLEANDER DRIVE  
HALLANDALE FL 33009  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
- CENTERVILLE CONSULTING SERVICES, INC  
c/o MICHAEL D. HARTIGAN  
50 SADDLE RIDGE ROAD  
MILTON, MA 02186
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official  
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not  
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the  
translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: CONSULTING SERVICES

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL D. HARTIGAN, PRESIDENT

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ORAL FACIAL CONSULTING, INC.

2. The name and the Florida street address of the registered agent and office are:

KEVIN L. PAYTON, DDS

(Name)

507 OLEANDER DRIVE

Florida street address (P.O. Box NOT ACCEPTABLE)

HALLANDALE

FL 33009

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# State of Wyoming

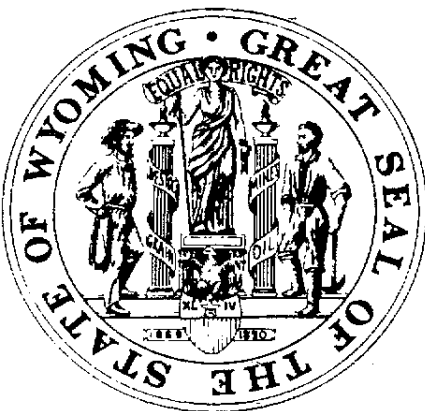
## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that **ORAL FACIAL CONSULTING-I, LLC**, a limited liability company organized under the laws of the State of Wyoming, did on December 19, 2002, file its Articles of Organization in the office of the Secretary of State of Wyoming, has filed all annual reports and paid all annual license taxes to date, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices as this information is not available from the records of this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 3<sup>rd</sup> day of March A.D., 2004.

*Joseph B. Meyer*  
\_\_\_\_\_  
Secretary of State

By *Josh Nighswonger*  
\_\_\_\_\_

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